

Health Profile Variables

FOR ONLINE VERSION:

UNLESS NOTED OTHERWISE, RESPONDENTS ARE ALLOWED TO SKIP OVER ANY QUESTION THEY DON'T WANT TO AND CODE THESE SKIPPED RESPONSES AS 98 (98 SKIPPED ON THE WEB)

FOR PHONE VERSION:

77 DON'T KNOW

99 REFUSED

Q#	Item Stem	Value	Label
Q1	In general, how would you rate your OVERALL health?	1	Excellent
		2	Very good
		3	Good
		4	Fair
		5	Poor
Q2	In general, how would you rate your MENTAL OR EMOTIONAL health?	1	Excellent
		2	Very good
		3	Good
		4	Fair
		5	Poor
Q22	Would you say that your overall health has gotten better, gotten worse, or stayed about the same over the past year?	1	Gotten better
		2	Gotten worse
		3	Stayed about the same
Q3NEW	[1.High blood pressure or hypertension] Has a doctor ever told you that you had any of the following conditions?	0	Not Selected
	[2.Diabetes or high blood sugar] Has a doctor ever told you that you had any of the following conditions?	1	Selected
	[3.High blood cholesterol level] Has a doctor ever told you that you had any of the following conditions?		
	[4.Cancer or a malignant tumor, excluding minor skin cancer] Has a doctor ever told you that you had any of the following conditions?		
	[5.Lung disease such as chronic bronchitis or emphysema] Has a doctor ever told you that you had any of the following conditions?		
	[6.A heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems] Has a doctor ever told you that you had any of the following conditions?		
	[7.A stroke] Has a doctor ever told you that you had any of the following conditions?		

	[8.Any emotional, nervous, or psychiatric problem] Has a doctor ever told you that you had any of the following conditions?		
	[9.Alzheimer’s disease] Has a doctor ever told you that you had any of the following conditions?		
	[10.Dementia, senility or any other serious memory impairment] Has a doctor ever told you that you had any of the following conditions?		
	[11.Arthritis or rheumatism] Has a doctor ever told you that you had any of the following conditions?		
	[12. Other, please specify: [TEXTBOX]] Has a doctor ever told you that you had any of the following conditions?		
	[13. None of the above] Has a doctor ever told you that you had any of the following conditions?		
Q4	Do you currently take any prescription medications on a regular basis to help manage your health?	1	Yes
		2	No
		3	Don't know
Q5	How many prescription medications do you take on a regular basis?	1	1
		2	2
		3	3-4
		4	5 or more
Q23	[1.Yes, I have provided care to an adult in the last year] At any time in the last 12 months, has anyone in your household provided unpaid care to a relative or friend 18 years or older to help them take care of themselves?	0	Not Selected
	[2.Someone else in my household has provided care] At any time in the last 12 months, has anyone in your household provided unpaid care to a relative or friend 18 years or older to help them take care of themselves?	1	Selected
	[3.No] At any time in the last 12 months, has anyone in your household provided unpaid care to a relative or friend 18 years or older to help them take care of themselves?		
Q24	[1.Yes, I have provided care to a child in the last year] In the last 12 months, has anyone in your household provided unpaid care to any child under the age of 18 because of a medical, behavioral, or other condition or disability?	0	Not Selected
	[2.Someone else in my household has provided care] In the last 12 months, has anyone in your household provided unpaid care to any child under the age of 18 because of a medical, behavioral, or other condition or disability?	1	Selected
	[3.No] In the last 12 months, has anyone in your household provided unpaid care to any child under the age of 18 because of a medical, behavioral, or other condition or disability?		
Q25	Are you deaf or do you have serious difficulty hearing?	1	Yes
		2	No
Q26	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	1	Yes
		2	No
Q6	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	1	Yes
		2	No

Q7	Do you have serious difficulty walking or climbing stairs?	1	Yes
		2	No
Q8	Do you have difficulty dressing or bathing?	1	Yes
		2	No
Q27	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	1	Yes
		2	No
Q9	Do you receive help or supervision using the telephone, paying bills, taking medications, preparing light meals, doing laundry, or going shopping (because of an impairment or physical or mental health problem)?	1	Yes
		2	No
Q10	Do you receive help or supervision with personal care (such as bathing, dressing, or getting around the house)?	1	Yes
		2	No
Q11	Do you use any aids such as a walker, grab bars in the bathtub or any other special equipment for personal care or everyday activities (because of an impairment or a physical or mental health problem)?	1	Yes
		2	No
Q14	Is anyone in the family limited in any way in the ability to work at a job, do housework, or go to school because of an impairment or physical or mental health problem?	1	Yes
		2	No
Q15	During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	1	Yes
		2	No
Q16	[Number of Times] How many times per week or per month did you take part in this activity during the past month?	0-99	
	[Per Week or Month?] How many times per week or per month did you take part in this activity during the past month?	1	times per week
		2	times per month
SMOKE1	Have you smoked at least 100 cigarettes in your entire life?	2	No
SMOKE2	Do you smoke cigarettes or use tobacco every day, some days, or not at all?	1	Every day
		2	Some days
		3	Not at all
SMOKE3	On average, about how many cigarettes do you now smoke each day?	0-99	Cigarettes
SMOKE4	[1.Regular cigarettes] During the past 30 days, which of the following tobacco products did you use at least once?	0	Not Selected
	[2.Electronic cigarettes] During the past 30 days, which of the following tobacco products did you use at least once?	1	Selected
	[3.Cigars, cigarillos or little filtered cigars] During the past 30 days, which of the following tobacco products did you use at least once?		

	[4.Smokeless tobacco (including chewing tobacco, snuff, dip, snus, and dissolvable tobacco)] During the past 30 days, which of the following tobacco products did you use at least once?		
	[5.Hookah] During the past 30 days, which of the following tobacco products did you use at least once?		
	[6.Tobacco pipes] During the past 30 days, which of the following tobacco products did you use at least once?		
	[7.Bidis] During the past 30 days, which of the following tobacco products did you use at least once?		
	[8.None of the above [SP]] During the past 30 days, which of the following tobacco products did you use at least once?		
DRINK2	Do you now drink alcohol every day, some days, or not at all?	1	Every day
		2	Some days
		3	Not at all
DRINK3	During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?	0-99	Number of Drinks
Q20	About how much do you weigh without shoes on?	0-1000	Pounds
Q21	[Feet] How tall are you without shoes on?	2 - 7	Feet
	[Inches] How tall are you without shoes on?	0 - 11	Inches
Q32	Are you now covered by any form of health insurance or health plan?	1	Yes
		2	No
Q32A	[1.I do not want health insurance] Which of these are reasons that you are currently uninsured?	0	Not Selected
	[2.The cost of health insurance is too high / I cannot afford health insurance] Which of these are reasons that you are currently uninsured?	1	Selected
	[3.I do not have the time to get health insurance] Which of these are reasons that you are currently uninsured?		
	[4.I do not know how to find information on available health insurance option] Which of these are reasons that you are currently uninsured?		
	[5.I am in the process of enrolling in a health insurance plan or waiting for my health insurance coverage to start] Which of these are reasons that you are currently uninsured?		
Q33	Which of the following is your main source of health insurance coverage?	1	A plan through your employer
		2	A plan through your spouse's employer
		3	A plan you purchased yourself directly from an insurance company
		4	[State-based Healthcare Exchange Fill]
		5	Medicare
		6	[State-based Medicaid Fill]
		7	Some other source
Q34		1	Yes

	Do you receive any financial assistance or a subsidy from the government to help you pay your health insurance premium each month?	2	No
Q35	Is there a place that you usually go when you are sick or need advice about your health?	1	Yes
		2	No
		3	More than one place
Q36	[1.Haven't had any problems] Why don't you have a usual source of care?	0	Not selected
	[2.No doctors take my insurance] Why don't you have a usual source of care?	1	Selected
	[3.No doctors speak my language] Why don't you have a usual source of care?		
	[4.Doctor's office is too far away or not convenient] Why don't you have a usual source of care?		
	[5.Don't plan to see a doctor even when I'm sick] Why don't you have a usual source of care?		
Q37	What kind of place do you go to most often for your medical care?	1	Clinic or health center
		2	Doctor's office or HMO
		3	Hospital emergency room
		4	Hospital outpatient department
		5	Some other place
Q38	About how long has it been since you saw a doctor for a check-up?	1	Within the past year (anytime less than 12 months ago)
		2	Within the past 2 years (more than 1 year but less than 2 years ago)
		3	Within the past 5 years (more than 2 years but less than 5 years ago)
		4	More than 5 years ago
		5	Have never seen a doctor for a check-up
Q39	In the last 6 months, how many times did you go to an emergency room to get care for yourself?	1	None
		2	1
		3	2
		4	3
		5	4
		6	5-9
		7	10 or more
Q40	What was the main reason for your last emergency room visit?	1	Didn't have a doctor
		2	Doctor's office or clinic was not open
		3	Doctor's office or clinic was open, but could not get an appointment
		4	Problem was too serious for the doctor's office or clinic
		5	Get most of my care at the emergency room

Q41	In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?	1	None
		2	1
		3	2
		4	3
		5	4
		6	5-9
		7	10 or more
Q42	In the last 6 months, did you get health care 3 or more times for the same condition or problem?	1	Yes
		2	No
Q43	In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?	1	Yes
		2	No
Q45	In the last 6 months, how often was it easy to get the care, tests, or treatments you needed?	1	Never
		2	Sometimes
		3	Usually
		4	Always
Q46	In the last 6 months, were you ever not able to get medical care, tests, or treatments you or a doctor believed necessary?	1	Yes
		2	No
Q47	What is the main reason you were not able to get medical care, tests, or treatments you or a doctor believed necessary?	1	Couldn't afford care
		2	My health plan wouldn't approve, cover, or pay for car
		3	Doctor refused to accept my insurance
		4	Doctor doesn't speak my language
		5	Couldn't get transportation to doctor's office
		6	Couldn't take time off work or get child care
		7	Didn't know where to go to get care
		8	The wait took too long
Q31	Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all of the health care you have received in the past 6 months?	0-10	1-11
Q48	Have you had either a flu shot or flu spray in the nose within the past year?	1	Yes
		2	No
Q49	When did you have your most recent Pap test? [NOTE: A Pap smear or Pap test is a routine test for women in which the doctor examines the cervix, takes a cell sample from the cervix with a small stick or brush, and sends it to a lab.]	1	Within the past year
		2	Within the past 2 years
		3	Within the past 3 years
		4	Within the past 5 years
		5	Within the past 10 years

		6	More than 10 years ago
		7	Never
Q50	When did you have your most recent mammogram? [NOTE: A mammogram is an x-ray taken only of the breast by a machine that presses against the breast.]	1	Within the past year
		2	Within the past 2 years
		3	Within the past 3 years
		4	Within the past 5 years
		5	Within the past 10 years
		6	More than 10 years ago
		7	Never
Q51	When did you have your most recent colonoscopy? [NOTE: A colonoscopy is a test that examines the bowel by inserting a tube in the rectum.]	1	Within the past year
		2	Within the past 2 years
		3	Within the past 3 years
		4	Within the past 5 years
		5	Within the past 10 years
		6	More than 10 years ago
		7	Never
Q52	During the past 12 months, have you seen or talked to a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker about your own health?	1	Yes
		2	No
Q53	During the past 12 months, have you gone to a dentist for a regular teeth cleaning or check-up?	1	Yes
		2	No
Q54	In the past 12 months, how many times have you had an overnight stay in a hospital?	1	None
		2	1
		3	2
		4	3
		5	4 or more
Q55	In the past 12 months, did you or anyone in your household have problems paying or an inability to pay any medical bills? Include bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home, or home care.	1	Yes
		2	No
Q56	Do you or anyone in your household currently have any medical bills that are being paid off over time? This could include medical bills being paid off with a credit card, through personal loans, or through bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year	1	Yes
		2	No
Q57	Do you or anyone in your household currently have any medical bills you are unable to pay at all?	1	Yes
		2	No
Q58	[a.Premium] Please indicate whether you are very confident, somewhat confident, not too confident, or not at all confident in how well you understand what the term means for health insurance coverage.	1	Very confident

<p>[b.Deductible] Please indicate whether you are very confident, somewhat confident, not too confident, or not at all confident in how well you understand what the term means for health insurance coverage.</p>	<p>2</p>	<p>Somewhat confident</p>
<p>[c.Co-payments] Please indicate whether you are very confident, somewhat confident, not too confident, or not at all confident in how well you understand what the term means for health insurance coverage.</p>	<p>3</p>	<p>Not too confident</p>
<p>[d.Co-insurance] For each of the health insurance terms below, please indicate whether you are very confident, somewhat confident, not too confident, or not at all confident in how well you understand what the term means for health insurance coverage.</p>	<p>4</p>	<p>Not at all confident</p>
<p>[e.Maximum annual out-of-pocket spending] Please indicate whether you are very confident, somewhat confident, not too confident, or not at all confident in how well you understand what the term means for health insurance coverage.</p>		
<p>[f.Provider network] Please indicate whether you are very confident, somewhat confident, not too confident, or not at all confident in how well you understand what the term means for health insurance coverage.</p>		
<p>[g.Covered services] Please indicate whether you are very confident, somewhat confident, not too confident, or not at all confident in how well you understand what the term means for health insurance coverage.</p>		